UNITED STATES HOUSE OF REPRESENTATIVES For New Membe	FORM B For New Members, Candidates, and New Employees	POSTEMENT ILLEBUILE.
Name: Guilloume Mimeus Daytime Telephone.	hone	18 AUG 23 PH 1:31
New Member of or Candidate for State: MP U.S. House of Representatives District: 2- Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	t Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No Xiliability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CHEDULE IF YOU ANSWER "YES"	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	N - ANSWER <u>BOTH</u> OF THESI	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	other "excepted trusts" need not be disclosed. I	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a spouse or dependent child because they med	et all three tests for Yes No X

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•	7/1	11/4	1	ABC Hedge Fund X	Simon & Schuster	Mega Corp Stock	or bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over 5,000, list every financial institution where there is one than \$1,000 in interest-bearing accounts. For ental and other real property held for investment, revide a complete address or description, e.g., ental property, and a city and state. The state is not publicly traded, state the name of the usiness, the nature of its activities, and its eographic location in Block A. Exclude: Your personal residence, including second omes and vacation homes (unless there was rental acome during the reporting period); and any financial therest in, or income derived from, a federal stirement program, including the Thrift Savings Plan. You report a privately-traded fund that is an excepted investment Fund, please check the "Elfox." You so choose, you may indicate that an asset or come source is that of your spouse (SP) or opendent child (DC), or jointly had with anyone (JT), in the optional column on the far left.	or all IRAs and other retirement plans (such as 01(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	dentify (a) each asset held for investment or roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period, nd (b) any other reportable asset for source of income which generated more than \$200 in "uneamed" roome during the year.	Assets and/or Income Sources	BLOCK A
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					3	ಲ	\$15.001-\$50,000		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.		
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							INTEREST	-	Check all columns that apply, that generate tax-deferred in 401(k), IRA, or 529 accounts), the "Tax-Deferred" column, interest, and capital gair relinvested, must be disclose for assets held in taxable account there if the asset generat during the reporting period.	Type of Income	
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				Partnership Income	Royatties	0	TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	•	
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SCHEDULE C - EARNED INCOME

Name: Mimour Page . ♀

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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\$1,000 N/A	\$0 N/A	Spouse Speech Spouse <u>S</u> alary	EXAMPleS: Civil War Roundlable (Oct. 2) Ontario County Board of Education
\$500 \$76,000	\$0 \$20,000	Honorarium Salary	
Prec	Filing	Туре	Source (include date of receipt for honoraria)
Amount	Am		

SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Name: Mrs mean Page_ <u>ٰ</u>

liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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				Example			
				First Bank of Wilmington, DE	Creditor		
-		 		5/98	Date Liability Incurred MO/YR		
-				Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

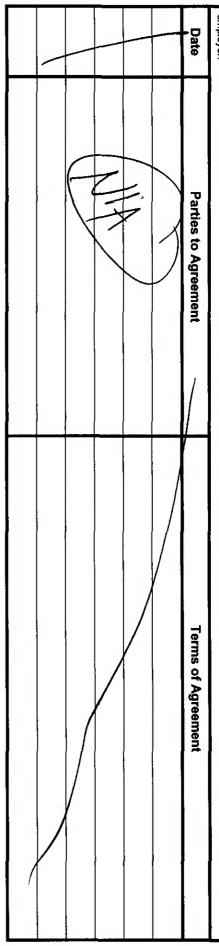
Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two provinces report positions held in the reporting period and the current calendar year and two provinces report positions held in the current calendar year and two provinces report positions held in the reporting period and the current calendar year and two provinces report positions held in the reporting period and the current calendar year.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
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SCHEDULE F - AGREEMENTS

Name: Lwllam / Mirmum Page_ <u>°</u>

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.



SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

				Example:		0
		/ 1/19	/ //	Doe Jones & Smith, Homefown, Nomestate	Source (Name and City/State)	
				Accounting Services	Brief Description of Duties	

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